U.St Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25367	2. Fiscal Year Covered From:		
	1/ 1/05 Through: 12/31/05		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name PAUL F CAVANAGH	Name IBEW LOCAL UNION 969		
	Labor Organization File Number 025714		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3210 E POAD	Street 3210 € 2040		
City CLIFTOD	City CLIFTOD		
State Co ZIP Code + 4 & \$20-7873	State Co ZIP Code + 4 (8, 1,\$70 - 7,873		
5. Position in labor organization. BUSINESS MANAGER			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
To applicate the second	7.b. Amount.		
Street			
City			
State ZIP Code + 4	To a symmetry of design de design de making any and a symmetry or a symm		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Paul & Cavanagh	On 3/30/06 970 - 247 - 3432 Date Telephone Number		
	Dale Telephone Number		

Name of Person Filling Paul F CAUANAUM	File Number U	•
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name IBE LOCAL UNION 969 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3210 E DOAD City CLETON State Co ZIP Ccde + 4 81520 - 7613	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Eighth District Electrical Benefit Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 30101	11.a. Nature of such dealing. TRUSTEE EXPENSE REIM BURSEMENT	
Street City SALT LAKE CITY State UTAH ZIP Code + 4 84130-0101	11.b. Approximate dollar value of such dealin 12.a. Nature of interest held or income rec	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	